



MEDICATION PERMISSION FORM

**PARENTAL AUTHORIZATION RELEASE/PHYSICIAN'S REQUEST FOR THE
ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION DRUGS,
HERBS, SUPPLEMENTS, AND MEDICATION BY SCHOOL PERSONNEL**

Student: _____ **Address:** _____ **Phone:** _____

School: _____ **Grade:** _____ **Teacher (Elementary only):** _____

The above named child is a student in the Forest Hills School District. I/we, the parent(s)/guardian(s) of above-named student, recognize that it is my/our responsibility to administer any medication that my/our son/daughter may require during school hours.

I/we hereby authorize and request the Forest Hills School District and any of its designated employees to administer the following drug or medication to my/our son/daughter. I will deliver the medication to school and submit to school personnel a revised statement signed by the prescribing physician if any of the information provided by the physician changes.

It is necessary that the above-named student take medication during school hours. I will notify the school if the medication, the dosage or the procedure is to be changed or eliminated.

Name of Medication: _____ Dosage: _____

Time of Day: _____ Beginning Date: _____ Ending Date: _____

Possible adverse reaction(s): (Report to Physician if observed):

Instructions for administration, storage and sterile conditions:

Name of Physician: _____ Physician's Address: _____

Physician's Phone Number: _____ Emergency Phone: _____

Physician's Signature (required): _____

I/we understand that an adult must bring the medication to school in the original container and that medication cannot be administered until this form is completed and on file in the School Health Office. In consideration for the Forest Hills School District and its designated employees administering the prescribed medication to my/our son/daughter as I/we are unable to do so during school hours, I/we in behalf of ourselves and our heirs, administrators, and discharge the Forest Hills School District Board of Education, the Board members individually and the employee(s) of said School District administering the prescribed medication from any and all liability, actions, causes of actions, claims and demands of whatever kind of nature that I/we may have in behalf of myself/ourselves and my/our named child on account of any and all injuries, losses and damages which my/our named child may sustain from the administration of the prescribed medication or any injury or damages that may result from my/our child's failure to take the prescribed medication as administered by an employee of the School District.

Date: _____ Signature: _____
Father/Legal Guardian of

Received by: _____ Name of Student: _____

Date: _____ Signature: _____
Mother/Legal Guardian of

Name of Student: _____